FASTrack Urgent Care

Rm

REASON FOR VISIT:_____

PATIENT INFORMATION:

Soc. Sec#_____ **Date of Birth**_____ Sex: M or F_____

Last Name_____ MI____ First Name_____Married?___

Address_____ City_____State_____Zip_____

Phone _____ Email_____

Emergency Contact _____ Emergency Contact Phone_____

Preferred Pharmacy_____

PRIMARY INSURANCE:

Insurance Company_____ **Copay / Payment** $_____cash/check/card

Policy Holder's Name_____ Relationship to Patient_____

Policy Holder's Social Security_____ & **Date of Birth**_____

Policy Holder's Employer_____ Employer Phone_____

SECONDARY INSURANCE:

Insurance Company_____

Policy Holder's Name_____ Relationship to Patient_____

Policy Holder's Social Security_____ & **Date of Birth**_____

PARENT OR GUARDIAN (Patient's under 18 years old)

Last Name_____MI____ First Name_____Sex: M or F

Address_____City_____State_____Zip_____

Soc. Sec#_____ **Date of Birth**_____Phone_____

ASSIGNMENT AND RELEASE: I hereby authorize payment directly to Fastrack Urgent Care of all insurance benefits otherwise payable to me for the services rendered. I understand that I am financially responsible for all charges, whether or not paid by insurance, for services rendered to myself or my dependents. I authorize Fastrack Urgent Care to provide medical records to my family doctor, provider's billing agent, and to health insurance companies. I authorize the use of this signature on all insurance submissions. I consent to treatment of myself and dependents at Fastrack Urgent Care. HIPAA privacy policy is available upon request or declined by signing below. Checks are instantly processed and electronically transferred from your account. If you have insufficient funds, a returned check fee of $30 or 10% of the face amount of the check, whichever is greater, will be electronically debited from your account in the event your electronic transfer is returned from your financial institution. Outstanding accounts > 1 month old will incur a 1% per month interest fee plus any collection fees. I understand that medicine is not an exact science and no guarantees can be made regarding results or treatment. X-rays will be reviewed by a board certified emergency physician but not a radiologist. If your symptoms do not improve, further testing, x-rays, or cat scans may be necessary.

Signature of Responsible Party_____ Date_____